

Exhibit C



Send this form to:

Paragon Life Insurance Company • Administration • 100 S. Brentwood • St. Louis, MO 63105 • (800) 368-7246 • Fax: (314) 862-4502

**AUTHORIZATION FOR PARAGON TO ACCEPT ELECTRONIC
TRANSACTION REQUESTS VIA PARAGON'S eSERVICE WEB SITE**
www.paragonlifeservice.com

The policy owner (identified below) hereby authorizes Paragon Life Insurance Company (Paragon) to accept and process certain insurance policy transactions submitted through Paragon's eService Web Internet site.

This will include requests for:

- Changes of address
- Changes of beneficiary
- Changes in amount of extra premium for investment
- Changes to allocation of future premium
- Policy loans
- Withdrawals (partial surrenders)
- Fund transfers

All transaction requests are subject to normal rules governing the certificate, policy, and/or group insurance plan, as described in the certificate or policy, and in the Prospectus for variable policies.

Transaction requests in good order involving variable investments submitted through the eService site will be processed during the same business day if received prior to 3:00 p.m. Central Time. If received after 3:00 p.m. Central Time and in good order, the request will be processed the next business day. If not in good order, the policy owner will be contacted for instructions and clarification.

All transaction requests in good order not involving variable investments submitted through the eService site will be processed within 5 business days. If not in good order, the policy owner will be contacted for instructions and clarification.

Policy number

01K193001E

Date Feb. 16, 2001

Owner's Social Security Number

231-72 0554

Owner's name (please print)

Mr. Cole C. Campbell

Owner's signature

Email address (optional)

ccampbell@postnet.com

(If an email address is not entered)

(If an email address is entered, your pre-authorization is completed.)

Please mail or fax this form to "eService" using the information in the box at the top of this form. We need a copy of the form with a signature for our files.

Exhibit D

Address <https://gwjesservice.melife.com/fns/PolicySummaryServlet?page=curPolicy.jsp>

File Edit View Favorites Tools Help Back Forward Stop Search Favorites RSS Print Mail News Groups Chat RSS Feeds

Current Information

Name COLE C CAMPBELL

Address [Change Address](#) 4955 ABERFELDY ROAD
RENO, NV 89519

Insured Information

Name COLE C CAMPBELL

Address [Change Address](#) 4955 ABERFELDY ROAD
RENO, NV 89519

Payer Information

Name COLE C CAMPBELL

Address [Change Address](#) 4955 ABERFELDY ROAD
RENO, NV 89519

Primary Beneficiary Information

Name [Change Beneficiary](#) CATHERINE LEE
WERNER

Payment And Billing Information

Total Premium (includes extra premium)	\$230.30
Extra Premium for Investment	Change Extra Premium \$0.00
Premium Billing Frequency	Monthly
Payment Method	ACH
Date Last Premium Payment Was Received	01/16/2007
Amount of Last Premium Payment	\$230.30

To view or print your Certificate Snapshot in a printable format, click [here](#). Please note that the versions of